

DEPARTMENT OF DEFENSE
DIRECTIVES SYSTEM TRANSMITTAL

NUMBER

DoD 601 O.13-M, Change 1

DATE

July 9, 1997

DISTRIBUTION

Special

25 pages

INSTRUCTIONS FOR RECIPIENTS

The following pen and page changes to DoD 6010.13-M, "Medical Expense and Performance Reporting System for Fixed **Military** Medical and Dental Treatment Facilities" October 1995, are authorized:

PEN CHANGES

FOREWORD

Change "601 0.13, Medical Expense and Performance Reporting (**MEPR**) System for Fixed Military Medical and Dental Treatment Facilities, February 3, 1986" to "6000.12, "Health Services Operations and Readiness," April 29, 1996"

Page iv

Section D.8, page number. Change "2-56" to "2-56a"

Page vi

References

(c) Change "Same Day Surgery, July 21, 1986" to "Ambulatory Procedure Visit (**APV**), September 23, 1996"

(h), line 2. Change "Formulation and Presentation" to "Presentation and Formulation"

(j), lines 1 and 2. Change "Education of Handicapped Children in the DoD Dependents Schools, December 17, 1981" to "Provision of Early Intervention and Special Education Semites to Eligible DoD Dependents in Overseas Areas, March 12, 1996"

WHEN PRESCRIBE ACTION HAS BEEN TAKEN. THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

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| NUMBER DoD 6010. 13-M, Change 1 | DATE July 9,1997 | DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL |
|------------------------------------|---------------------|--|

INSTRUCTIONS FOR RECIPIENTS (continued)

Page 2-38

Section B.1O., lines 6 and 7. Delete “and participates in the flying mission of the aviation **activity;**”

Paragraph B. 10.a., line 10. Delete “and **participates** in the flying mission of the aviation **activity;**”

Page 2-43

Paragraph **C.2.a.**, the heading and line 7. Delete “Prosthetics”

Page 2-44

Paragraph **C.2.c.**, heading. Delete “Laboratory”

Page 2-92

Paragraph **F.1.d.**
Line 9. Change “**transferred**” to “charged”
Line 11. Change “Weighted procedure (see **Blood Bank, para. D.2.c.)**” to “Not applicable”

Page 2-93

Paragraph **F.1 f.**, line 6. Change “Weighted procedure (see Pathology, para. **D.2.)**” to “Only the raw count (number of tests) is used”

Page 2-99

Section F.3.
Line 10. Delete the period and add”; and Emergency and Active Duty Remote Area Care.”
Line 12. Change “**F.3.h.**” to “**F.3.i.**”

Page 2-109

Change “Weighted inspection (see Appendix C)” to “Dollar value of sales” in the following paragraph:

- Paragraph **F.6.b.**, line 7.
- Paragraph **F.6.c.**, line 6.
- Paragraph **F.6.d.**, line 7.
- Paragraph **F.6.e.**, line 7.

Page 2-110

Paragraph **F.6.f.**, line 4. Change “Weighted inspection (see Appendix C)” to “Dollar value of sales”
Paragraph **F.6.h.**, line 11. “Weighted procedure (see Appendix C)” to “Animal care units”

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|---|---------------------|---|
| NUMBER DoD 601 O.13-M, Change 1 | DATE July 9,1997 | DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL |
|---|---------------------|---|

INSTRUCTIONS FOR RECIPIENTS (continued)

Page 2-114

Subsection G.3., line 11. **After** “proficiency” insert **“to support operational mission”**

Page 3-4

Paragraph **B.3.a.**, line 4. Change “Assigned” to “Assignment”
Paragraph **B.3.a.(2)**, line 1. Change “Assigned” to “Assignment”
Paragraph **B.3.a.(3)**, line 2. After the first sentence, insert **“(See Table 3-1)”**

Page 3-5

Paragraph B.3.c., line 2. After the first sentence, insert “Expenses for a work center are collected if it normally operates 16 or more hours each month.”

Pages A-3 through A-20.

Renumber items”1 1 through 142” to “13 through 144”

Page A-8

Item 52. Change “Reimbursable” to **“Nonreimbursables”**

Page A-14

Item 98a. Delete “lacking the presence of the mother as an inpatient”

Page B-7

SUBACCT WORK CTR [column]. **After** “BCC” insert “BCD BREAST CARE CLINIC VISITS”

Page B-8

TITLE [column], line 36. Delete “PROSTHETICS”

Page B-10

TITLE [column], line 12. Change **“SAME DAY SURGERY/AMBULATORY PROCEDURE VISIT”** to **“AMBULATORY PROCEDURE UNIT”**

SUBACCT WORK CTR [column]. After **“DGD”** insert **“DGE AMBULATORY NURSING SERVICES MINUTES OF SERVICE**

| | | |
|-----------------------------------|---------------------|--|
| NUMBER DoD 6010.13-M, Change 1 | DATE July 9,1997 | DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL |
|-----------------------------------|---------------------|--|

INSTRUCTIONS FOR RECIPIENTS (continued)

Page B-11

SUBACCT WORK CTR [column]

Line 16. Delete "EAX COST POOLS"

PERFORMANCE FACTOR [column]

Line 23. Change "N/A" to "FTES"

Line 24. **Change "N/A" to "FTES"**

Page B-14

PERFORMANCE FACTOR [column]

Lines 7 and 8. Change "WEIGHTED PROCEDURES" to "N/A"

Lines 9 and 10. Change "WEIGHTED PROCEDURES" to "NUMBER OF TESTS"

Page B-15

SUBACCT WORK CTR [column]

Line 3. Change "FCX COST POOLS" to "FCH EMERGENCY AND ACTIVE DUTY
REMOTE AREA CARE DOLLARS"

PERFORMANCE FACTOR [column]

Lines 24 through 31. Change "WEIGHTED INSPECTIONS" to "DOLLAR VALUE OF SALES"

Page B-16

PERFORMANCE FACTOR [column]

Lines 1 and 2. Change "WEIGHTED INSPECTIONS" to "DOLLAR VALUE OF SALES"

Lines 5 and 6. Change "WEIGHTED PROCEDURES" to "ANIMAL CARE UNITS"

Page C-1

Section B.

Line 4. **After** "unweighed" insert "(referred to as "raw")"

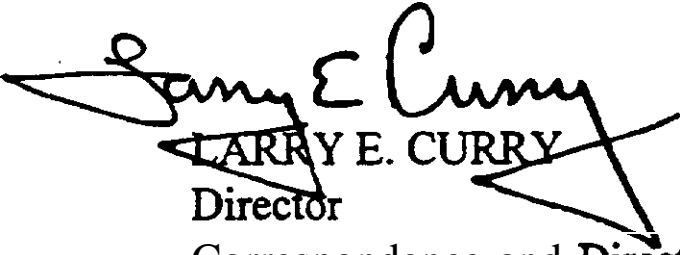
Line 6. Delete "and incomparable relative workloads"

Page C-2

Paragraph **C.3.c.**, line 3. Add "Procedures **shall** not be weighted under the DoD Military Blood Program."

Page C-3

Paragraph **C.4.**, line 2, last sentence. Add "Raw count for radiology procedures **shall** be the number of procedures"

| NUMBER | DATE | DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL |
|---|--------------|--|
| DOD 601 O.13-M, Change 1 | July 9, 1997 | |
| INSTRUCTIONS FOR RECIPIENTS (continued) | | |
| Paragraph C.8. After " <u>Values.</u> " Change to read "Weighted procedures are used in veterinary laboratory (FFG)." | | |
| <u>Page E-1</u> | | |
| Entry 017. Change " Inactive " to "FCH Emergency and Active Duty Remote Area Care Dollars " | | |
| <u>Page E-2</u> | | |
| Entry 063. Change "Inactive" to "DGE Ambulatory Nursing Services Workload by Account" | | |
| <u>PAGE CHANGE</u> | | |
| Remove: Pages 2-25 through 2-28, 2-35, 2-36, 2-53 through 2-56, 2-101, 2-102, A-1, A-2, A-21 through A-24, E-3, E-4 | | |
| Insert: Attached replacement pages and new pages 2-28a, 2-36a, 2-56a , 2-102iz and A-2a | | |
| Changes appear on pages 2-26, 2-27, 2-35, 2-36, 2-53 through 2-56, 2-101, 2-102, A-2, A-22 through A-24, and E-3 and are indicated by marginal asterisks. | | |
| <u>EFFECTIVE DATE</u> | | |
| The above change are effectively immediately. | | |
| <div style="text-align: center;"> LARRY E. CURRY Director Correspondence and Directives</div> | | |

i. Urology Clinic

BBI

FUNCTION : The Urology Clinic examines, diagnoses, and treats diseases, injuries, and disorders of the genitourinary tract; and performs those functions outlined under Surgical Care (B. 2., above) as appropriate.

COSTS : The Urology Clinic work center account **shall** be charged with all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

j. Pediatric Surgery Clinic

BBJ

FUNCTION : The Pediatric Surgery Clinic examines, diagnoses, and treats \ diseases, injuries, and disorders of infants and children; and performs those functions outlined under Surgical Care (B. 2., above) as appropriate.

COSTS : The Pediatric Surgery Clinic work center account shall be charged with **all operating expenses** incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a **final** operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

k. cost Pools

BBX

FUNCTION : Use this cost **pool** in situations where you cannot assign time and expenses to any one specific MEPRS account because two or more work centers share physical space, personnel, **and/or supplies**.

COSTS : Includes **all** operating expenses incurred in operating and maintaining the cost Pool work center.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : Expenses and FTEs of shared performing work centers are distributed to requesting work centers based on workload. Cost pools are purified following the stepdown process (see Chapter 3) . Cost pools are purified in alphabetical order except for ancillary cost pools.

1. Surgical Clinics Not Elsewhere Classified

BBZ

FUNCTION : Includes the expenses of those Surgical Care specialties and **subspecialties** that satisfy the criteria for a work center and are not listed in B.2. a. through B.2. k., above.

COSTS : **Any** work center account(s) established within this **subaccount** shall be charged with all operating expenses incurred in operating and maintaining the work center.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

3. Obstetrical and Gynecological (OB-GYN) Care

BC

FUNCTION : **OB-GYN** Care provides diagnostic services, care, treatment, minor surgical procedures, and proper medical disposition of inpatients and outpatients referred to OB-GYN clinics; and provides follow-up care for selected postoperative patients. It provides a comprehensive **plan** of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention **of** diseases; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. These functions are performed in the sub-specialty clinics when so organized.

COSTS : **OB-GYN** Care shall be a summary account that includes all operating expenses incurred in operating and maintaining the clinics listed in B.3.a. through B.3. f ., below. **Expenses** for a clinic shall be collected if it normally operates 16 or more hours per month. Expenses for infrequently operated clinics (i.e., less than 16 hours per month) shall be reported in the **Family** Planning Clinic account. **Nonpersonnel** expenses for jointly operated clinics shall be prorated based on workload performed in each clinic. Personnel **expenses** shall be **accounted** for **based** on time spent in each clinic. **PERFORMANCE FACTOR :** Visit.

a. Family Planning Clinic

BCA

FUNCTION : The Family Planning Clinic plans and conducts individual and group conferences for patients and families; provides counseling and education for the promotion and maintenance of health; identifies **healthcare** services, agencies, and resources available to the **family**, and makes appropriate referrals; and performs those functions outlined under **OB-GYN** Care (B.3., above) as appropriate.

COSTS : The Family Planning Clinic work center account shall be charged with all operating expenses incurred in operating. and maintaining the clinic. If this work center is not separately established, the family planning expenses shall be charged to the work center performing the function.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

b. Gynecology Clinic

B C B

FUNCTION : The Gynecology Clinic examines, diagnoses, and treats diseases and injuries of the female reproductive system; performs such procedures as diagnostic suction curettage, **culdoscopies**, cryosurgery, **tubal cautery**, and insertion of intrauterine devices; and performs those functions outlined under **OB-GYN** Care (B. 3., above) as appropriate.

COSTS : The Gynecology Clinic work center account shall be charged with all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

c. Obstetrics Clinic

BCC

FUNCTION : The Obstetrics Clinic examines, diagnoses, and treats obstetrical patients; provides conferences for patients; and performs those functions outlined under **OB-GYN** Care (B.3., above) as appropriate.

COSTS : The Obstetrics Clinic work center account shall be charged with all operating expenses incurred in operating **and** maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described **in** Chapter 3.

d. Breast Care Clinic

BCD

FUNCTION : The Breast Care Clinic offers direct access to beneficiaries for asymptomatic screening, problem solving, or routine breast cancer **followup**; examines, diagnoses, and treats diseases of the breast; provides counseling' about breast diseases and education on self-examination; makes referrals to other health professionals; and performs those functions outlined under **OB-GYN** Care (subsection B. 3., above) as appropriate. This account includes mobile educational units providing breast health screening and education.

COSTS : The Breast Care Clinic work center account shall be charged with all operating expenses incurred in operating and maintaining that clinic.

- PERFORMANCE FACTOR: Visit.
- ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not
- be reassigned during the stepdown process described in Chapter 3.

- e. cost Pools BCX

FUNCTION : Use this cost pool in situations where you cannot assign **time** and expenses to any one specific **MEPRS** account because two or more work centers share physical space, personnel, and/or supplies.

COSTS : Includes all operating expenses incurred in operating and maintaining the cost_Pool work center.

PERFORMANCE FACTOR: Visit'.

ASSIGNMENT PROCEDURE : **Expenses and** FTEs of shared performing work centers are distributed to requesting work centers based on workload. Cost Pools are purified following the **stepdown** process (see Chapter 3) . Cost pools are purified in alphabetical order except for ancillary cost pools.

- f. OB-GYN Care Not Elsewhere Classified BCZ

FUNCTION : Includes the expenses of those **OB-GYN** Care specialties and subspecialties that satisfy the criteria for a work center and are not listed in paragraphs B. 3. a. through B. 3. e. , above.

COSTS : **Any** work center account(s) established within this **subaccount** shall be charged with all operating expenses incurred in operating and maintaining the work center.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

- 4. Pediatric Care BD

FUNCTION : Pediatric Care provides diagnostic services, care, treatment, and proper medical disposition of inpatients and outpatients referred to pediatric care clinics; provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention of disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. These functions are performed in **subspecialty** clinics when so organized.

COSTS : Pediatric Care shall be a **summary** account that includes all operating expenses incurred in operating and maintaining the clinics listed in **B.4.a.** through **B.4. e.** , below. Expenses for a clinic shall be collected if it normally operates 16 or more hours per month. Expenses for infrequently operated clinics (i. e. , less than 16 hours per month) shall be reported in the Pediatric Clinic account. **Nonpersonnel** expenses for jointly operated clinics shall be prorated based on workload performed in each clinic. Personnel expenses shall be accounted for based on time spent in each clinic.

PERFORMANCE FACTOR: Visit.

- a. Pediatric Clinic BDA

FUNCTION : The Pediatric Clinic examines, diagnoses, and treats diseases and injuries of infants and children; implements a plan of care for children with minor illnesses, accidents, and developmental problems; assists and participates in programs for parent and child education on disease and accident prevention, nutrition, and family relationships; and performs those functions outlined under Pediatric Care (B. 4., above) as appropriate.

COSTS : The Pediatric Clinic work center account shall be charged with "all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

b. Adolescent Clinic

BDB

FUNCTION : The Adolescent Clinic examines, diagnoses, and treats diseases and injuries of adolescents; and performs- those functions outlined under Pediatric Care (**B.4.** , above) as appropriate.

COSTS : The Adolescent Clinic work center account shall be charged with all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

c. Well-Baby Clinic

BDC

FUNCTION : The Well-Baby Clinic examines, diagnoses, and refers for treatment newborn patients; assists and participates in programs for parent and child **education** and counseling in **child rearing, healthcare** practices, growth and development, disease and accident prevention, nutrition, and family relationships; and performs those functions outlined under Pediatric Care (B. 4., above) as appropriate.

COSTS : The **Well-Baby** Clinic work center account shall be charged with all **operating** expenses **incurred** in operating and maintaining the **clinic**.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

d. cost Pools

BDX

FUNCTION : Use this cost pool in situations where you cannot assign time and expenses to any one specific **MEPRS** account because **two** or more work centers share physical space, personnel, and/or supplies.

COSTS : Includes all operating expenses incurred in operating and maintaining the cost pool work center.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : Expenses and FTEs of shared performing work centers are distributed to requesting work centers based on workload. Cost pools are purified following the stepdown process (see Chapter 3) . Cost pools are purified in alphabetical order except for ancillary cost pools.

e. Pediatric Care Not Elsewhere Classified

BDZ

FUNCTION : Includes the expenses of those Pediatric Care specialties and **subspecialties** that satisfy the criteria for a work center and are not listed in **B.4. a.** through **B.4. d.**, above.

COSTS : **Any** work center account(s) established within this **subaccount** shall be charged with all operating expenses incurred in operating and maintaining the work center.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the **stepdown** process described in Chapter 3.

5. Orthopedic Care

BE

FUNCTION : Orthopedic Care provides diagnostic services, care, treatment, minor surgical procedures, and proper medical disposition of inpatients and outpatients referred to orthopedic clinics; provides **followup** care for selected postoperative ambulatory patients; provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation ion, and prevention of

disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. These functions are performed **in** the **subspecialty** clinics when so organized.

COSTS : Orthopedic Care shall be a summary account that includes all operating expenses incurred in operating and maintaining the clinics listed in B.5. a. through **B.5.h.**, below. Expenses for a clinic shall be collected if it normally operates **16** or more hours per month. Expenses for infrequently operated clinics (i.e., less than 16 hours per month) shall be reported in the Orthopedic Clinic account. Nonpersonnel expenses for jointly operated clinics shall be prorated based on workload performed in each clinic.

Personnel **expenses** shall be accounted for based on time **spent** in each clinic.

PERFORMANCE FACTOR: Visit.

c. Opt ometry Clinic

BHC

FUNCTION : The Optometry Clinic provides examinations of the eyes and cheeks and adnexa, to include refraction and other procedures; and prescribes lenses to correct refractive error and improve vision. It refers patients to physicians for diagnosis and treatment of suspected disease. The optometry clinic uses appropriate drugs to perform optometric procedures. When using these drugs, immediate medical care is available in the event of adverse reaction.

COSTS : The Optometry Clinic work center account shall be charged with all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

d. Audiology Clinic

BHD

- FUNCTION : Provides comprehensive **audiologic** support for active duty and
- ★ eligible beneficiaries to assist in the determination of etiology, pathology
- and magnitude of hearing loss, and potential for remediation and **habilitation**.
- Assists in the evaluation of auditory and **vestibular** systems. Provides
- management and medical **surveillance** for hearing conservation programs for all
- personnel working in areas that are potentially hazardous to hearing health
- (high-noise areas) . Specific services include pure tone threshold audiometry;
- basic and advanced clinical testing; pediatric evaluations; neonatal hearing
- testing as part of the early hearing loss identification program; hearing aid
- evaluation, fittings, and repairs; ear mold fittings; vestibular evaluations;
- dispensing of hearing protection devices (fitting, education, **and** motivation) ;
- ★ determination of appropriate referral and disposition; and worker's
- compensation hearing evaluations. Additional support includes hearing
- ★ healthcare education and counseling; inpatient **audiologic** evaluations;
- auditory monitoring of hearing thresholds following medical and/or surgical
- ★ intervention; intraoperative monitoring of cranial nerves; assistive **listening**
- device guidance; provision of aural rehabilitation classes; monitoring of
- hearing loss trends in the work site; staff assistance visits to monitor
- compliance with Federal and local regulations; and provision of Audiometric
- ★ Technician Certification courses and medical provider education programs.
- COSTS : The Audiology Clinic work center account shall be charged with all
- operating expenses incurred in operating and maintaining the clinic.
- PERFORMANCE FACTOR : Visit.
- ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not
- be reassigned during the stepdown process described in Chapter 3.

e. Speech Pathology Clinic

BHE

FUNCTION : The Speech Pathology Clinic administers medically prescribed therapeutic and rehabilitative services to speech defective patients. Additional activities may include, but are not limited to, the provision of clinical and consultative **services**.

COSTS : The Speech Pathology Clinic work center account shall be charged with **all operating** expenses incurred in operating **and** maintaining the **clinic**.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

f. Community Health Clinic

BHF

FUNCTION : The Community Health Clinic identifies health needs and implements a health services **program** based on the assessment of the **health status of the** military community. The program includes: health education and counseling for active duty and retired Service members and their beneficiaries;

participation in patient discharge planning; health guidance to the installation's child care centers and preschools; home visits to high-risk families for purpose of disease prevention and health promotion, to include newborn, handicapped, and chronic illness visits; coordinates child health services with area high school nurses; maintains a tuberculosis screening and surveillance program to include monitoring of patients on **chemoprophylaxis**; participates in **epidemiological** investigations; participates in family advocacy case management team with emphasis on prevention and health promotion; provides counseling on child care; participates in management of the **wellness** and fitness program.

COSTS : The **Community Health Clinic** work center account shall be charged with **all operating** expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

g. Occupational Health Clinic

BHG

FUNCTION : The Occupational Health Clinic supports the evaluation of medical conditions in potentially health-hazardous job environments, predominately, but not limited to, industrial settings; provides emergency medical care services that are not the result of occupational **and/or** industrial illnesses and **injuries** that occur at industrial work sites; and provides clinical **services** for **nonacute** job-related illnesses and injuries that may occur as a result of exposure to work environment.

COSTS : The Occupational Health Clinic work center account shall be charged with **all** the operating expenses incurred in operating and maintaining the function.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

h. PRIMUS **and/or** NAVCARE Clinics

BHH

FUNCTION : PRIMUS **and/or** **NAVCARE** Clinics examine, diagnose, and treat ambulatory patients. They assess, provide, and evaluate care of patients with a **healthcare** problem, including history and physical assessment, and treatment of common minor illnesses.

COSTS : The **PRIMUS** **and/or** **NAVCARE** Clinics work center account shall be charged with **all** operating expenses incurred in operating and maintaining the **clinic** according to the contract.

NOTE : The contract cost includes filling prescriptions, providing X rays and laboratory services, **and** other overhead expenses incurred by the contractor. Therefore, the PRIMUS **and/or** **NAVCARE** work center should not receive **stepdown expenses** from **support** and **ancillary** services.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall **not** be reassigned during the stepdown process described in Chapter 3.

i. Immediate Care Clinic

BHI

FUNCTION : The Immediate Care Clinic provides reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest facility that has the capability of providing the needed **services**. At least one physician will be available within 30 minutes or less. Ambulance **service** is **provided** at least **during** normal clinic duty hours and generally 24 hours **per** day.

COSTS : The **Immediate** Care Clinic work center account shall be charged with all the operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR : Visit.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown **process** described in Chapter 3.

j. cost Pools

BHX

FUNCTION : Use this cost pool in situations where you cannot assign time **and** expenses to any one **specific MEPRS** account because two or more work centers share physical space, personnel, **and/or** supplies.

COSTS : Includes all operating expenses incurred in operating and maintaining the cost pool work center.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE : **Expenses** and FTEs of shared performing work centers are distributed to **requesting** work centers based on workload. Cost Pools are purified **following** the **stepdown** process (see Chapter 3) . Cost pools are purified in alphabetical order except for ancillary cost pools.

facilities shall be based on workload performed in each work center. Proration of personnel expenses shall be based on time spent in each work center. The aggregate of these expenses shall be ultimately assigned through a stepdown process to other ancillary services and the final operating expense accounts. All expenses incurred solely in support of Special Programs (F) accounts shall be **identified**, accumulated, and transferred from this account to the appropriate Special Programs account.

PERFORMANCE FACTOR : Minutes of service (aggregate of **subaccounts'** minutes of service) .

a. Anesthesiology

DFA

FUNCTION : Anesthesiology determines, in consultation with the operating surgeon, the type of anesthetic to be used; administers anesthetics; maintains complete records of each anesthetic administered; provides consultative services and evaluations; maintains resuscitative equipment; provides training programs in **resuscitation**; supervises the oxygen therapy program; and **provides** pre and postoperative interviews and **supervises** recovery of patients in the postanesthesia care unit.

COSTS : The Anesthesiology work center account shall be charged with all operating expenses incurred in operating and maintaining the function. The aggregate of these **expenses** shall be ultimately assigned through a **stepdown** process to other ancillary services and the final operating expense accounts.

PERFORMANCE FACTOR : Anesthesia minutes of service. (Raw count is the number of patients.)

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of service provided by this work center. Ensure that minutes of service performed in support of Special Programs (F) accounts, such as the Clinical Investigation Program (**FAH**) account, are appropriately assigned.

b. Surgical Suite

DFB

FUNCTION : Surgical Suite personnel assist in preoperative preparation of the patient, and transportation of the patient to and from the surgical suite; ensure proper maintenance, cleanliness, and care of the surgical suite; provide general assistance during all surgical procedures; and provide special instruments, devices, and equipment as required by the surgical specialties and **subspecialties**.

COSTS : The Surgical Suite work center account shall be charged with all operating expenses incurred in operating and maintaining the function. The aggregate of these expenses shall be ultimately assigned through a stepdown process to other ancillary services and the final operating expense accounts.

PERFORMANCE FACTOR : Surgical suite minutes of service. (Raw count is the number of cases.)

ASSIGNMENT PROCEDURE : Aggregate expenses **shall** be assigned based on the ratio of minutes of **service** provided each receiving account to the total minutes of service provided **by** this work center. Ensure that minutes of **service** performed in the support of Special Programs (F) accounts, such as Clinical Investigation Program (**FAH**) account, are appropriately assigned.

c. Postanesthesia Care Unit

DFC

FUNCTION: Postanesthesia Care Unit provides postanesthesia care to the patient; records unfavorable sequelae; advises and consults with the **surgical** staff; and monitors the patient until free from anesthetic **sequelae**.

COSTS : The Postanesthesia Care Unit work center account shall be charged with all operating expenses incurred in operating and maintaining the function. The aggregate of these expenses shall be **ultimately** assigned through a stepdown process to other ancillary **services** and the final operating expense accounts.

- PERFORMANCE FACTOR : Postanesthesia care unit minutes of **service**. (Raw count is the number of patients.)
- ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of service provided by this work center. Ensure that minutes of service performed in the support of Special Programs (F) accounts, such as Clinical Investigation Program (**FAH**) account, are appropriately assigned.

d. cost Pools

DFX

FUNCTION : Use Surgical **Services** cost pool in situations where you cannot assign time and expenses to any one specific **MEPRS** account because two or more work centers share physical **space, personnel, and/or** supplies.

COSTS : Includes all operating expenses incurred in operating and maintaining the cost pool work center.

PERFORMANCE FACTOR : Weighted procedure (see Appendix C) .

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of **service** provided each receiving account to the total minutes of service provided by this work center. Ensure that minutes of service performed in the support of Special Programs (F) accounts, such as Clinical Investigation Program (**FAH**) account, are appropriately assigned.

e. Surgical Services Not Elsewhere Classified

DFZ

FUNCTION : Includes the expenses of Surgical Services that satisfy the criteria for a work center and are not listed in D. 6 .a. through D. 6. d., above.

COSTS : **Any** work center account (s) established within this **subaccount shall** be charged with all operating expenses incurred in operating and maintaining the work center.

PERFORMANCE FACTOR : Minutes of service.

ASSIGNMENT PROCEDURE : **Aggregate expenses shall be assigned based on the ratio** of minutes of service **provided** each receiving account to the total minutes of service provided by **this** work center. **Ensure** that minutes of **servi ce** performed in the support of Special Programs (F) accounts are appropriately assigned.

7. Same Day Semites

DG

FUNCTION : Same Day Services is a summary account that may include the **following** work centers: Ambulatory Procedure Unit (**APU**), **Hemodialysis**, **Hyperbaric** Medicine, Peritoneal **Dialysis**, and Ambulatory Nursing Semites.

Each of the work centers shall be specifically charged with the **expenses** incurred in the performance of its respective functions and activities.

COSTS : Same Day **Services** shall be a summary account that includes all operating expenses incurred in operating and maintaining its functional activities. Proration of nonpersonnel expenses for jointly operated or used facilities **shall be** based **on** workload performed in each work center. Proration of personnel expenses shall be based on time spent in each work center. The aggregate of these expenses shall be ultimately assigned through a stepdown process to other ancillary **services** and the **final** operating expense accounts.

PERFORMANCE FACTOR : Minutes of service (aggregate of **subaccounts'** minutes of service) .

a. Ambulatory Procedure Unit (APU)

DGA

FUNCTION : The Ambulatory Procedure Unit provides preprocedure and **postprocedure** care, observation, and assistance for patients requiring . short-term care of less than 24 hours. Ambulatory Procedure Visits (formerly Same Day Surgery) are performed in a specialized area such as an APU,

#First Amendment (Ch 1, 7/9/97)

- surgical suite, or extended care area. Refer to DoD Instruction 6025.8
- (reference (c)) for further guidance. An Ambulatory Procedure Unit is a
- location where the staff provides a centrally managed and coordinated program
- of nursing assessment and/or care planning; hospital and/or unit orientation;
- preprocedure and discharge teaching; **postprocedure** monitoring; clinical and
- administrative **interviews**; initiation of procedural records and physician
- orders; and other functions as appropriate. Therapies include nursing
- assessment, case management, and preoperative teaching and provision of
- necessary written instructions by registered nurses, **parenteral** fluid support,
- administration of **preprocedure** and postprocedure medications, and discharge
- teaching. Obtains ordered preoperative laboratory tests, radiology results,
- and schedules patients for arrival time for surgery.
- COSTS : The APU work center shall be charged with all operating expenses
- **incurred** in operating and maintaining the function. The total of those
- expenses shall be ultimately assigned through a stepdown process to the final
- operating accounts (**B**5**).
- PERFORMANCE FACTOR: Minutes of **service**. (Raw count is the number of
- patients.)
- ASSIGNMENT PROCEDURE: Aggregate expenses **shall** be assigned based on the ratio
- of minutes of service provided each receiving account to the total minutes of
- service provided by this work center.

b. Hemodialysis

DGB

FUNCTION : **Hemodialysis** is the purification of the patient's blood through use of an artificial kidney machine or similar device. **Specially** trained personnel operate, maintain, and monitor the **hemodialysis** equipment and other specialized support equipment for patients who are undergoing **hemodialysis** treatment in the unit.

COSTS : The **Hemodialysis** work center account shall be charged with all operating expenses incurred in operating and maintaining the function. The aggregate of these expenses shall be ultimately assigned through a stepdown process to the final operating expense accounts.

PERFORMANCE FACTOR : Minutes of service.

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of **service** provided by **this** work center.

c. Hyperbaric Medicine

DGC

FUNCTION : Hyperbaric Medicine provides hyperbaric **oxygen (HBO)** therapy for patients with disease entities that are currently recognized by the Underseas Medical Society as being responsive to HBO therapy. Hyperbaric Medicine is the use of 100 percent oxygen as an **adjuvant** while in a compressed air chamber to treat selected medical and/or surgical patients with disorders which have a scientific basis for the utilization of oxygen in high concentration as a drug. Hyperbaric Medicine departments provide consultation to **other** clinical departments, accept worldwide referrals through attending physicians, and select those patients who would benefit from HBO therapy. This work center provides medical and technical expertise for coordinated and comprehensive care, including daily wound care. They serve as centers of medical expertise, acting as consultants for the management of decompression sickness and gas embolism resulting from operational diving and flying. They conduct oxygen tolerance dives and pressure tests, as required for potential submarine diving personnel. Certain clinical hyperbaric facilities carry out double-blind, , randomized, clinical trials to determine the efficacy of HBO therapy in certain diseases for which the medical literature does not adequately support treatment by this modality. Ancillary capabilities of fully equipped clinical hyperbaric facilities include cardiac monitoring and ventilator support for the critically ill patient, and **transcutaneous oxygen** monitoring.

#First Amendment (Ch 1, 7/9/97)

COSTS : The Hyperbaric Medicine work center account shall be charged **with** all the operating expenses incurred in operating and maintaining the function. The aggregate of these expenses shall be ultimately assigned through a stepdown process to referring **final** operating accounts.

PERFORMANCE FACTOR : Patient dive minutes of **service**.

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of **patient** dive minutes of service **provided** to the **patients** from each **referring** account to the total **number** of patient **dive** minutes of service provided by this work center.

NOTE : The costs of the hyperbaric chamber are only reflected in **MEPRS** if the MTF owns the chamber. If the chamber time is borrowed by the MTF from another facility, the staff's time is loaned labor to the appropriate **MEPRS account** code (**FCD**, **FCE**, or **FCF**).

d. Peritoneal Dialysis

DGD

FUNCTION : Peritoneal Dialysis is purification of the patient's blood using the patient's **own** peritoneal membrane located in the abdomen as the filter to remove excess **water** and toxins. Specially trained personnel teach all patients or family members through an intense training program how to perform these same functions in the home setting. After **training** is completed, **patients** are followed **routinely** and **emergently** for **clinic visits, retraining, infections, and other medical problems**. Based on the **dialysis** prescription by the **nephrologist**, certified nursing personnel working in this area operate, maintain, and monitor various specialized equipment depending on which type of peritoneal dialysis has been prescribed for each patient.

COSTS: The Peritoneal Dialysis work center account shall be charged with all the operating expenses incurred in operating and maintaining the function. Home patient peritoneal dialysis supplies are funded in accordance with Medicare laws, and individual secondary insurance policies. The aggregate of the in-center expenses shall be ultimately assigned through a stepdown process to the final **operating** accounts.

PERFORMANCE FACTOR : Minutes of service.

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of service provided by **this work center**.

e. Ambulatory Nursing Services

DGE

FUNCTION : Ambulatory Nursing Services provides a centralized program of nursing assessment and care for outpatients. Therapies include teaching; short-term observation; medication and/or fluid administration (e.g., IV antibiotic administration for ambulatory clinics); treatment **intervention** (e. g., chemotherapy) ; and nursing assessment. Ambulatory Nursing Services also prepares necessary records to document care provided; coordinates with various clinics, services, designated wards, third-party reimbursement coordinator, and admissions and discharge staff for preadmission and/or preprocedure processing. When preprocedure processing is not performed by the APU, this unit shall provide the **services** and coordinate with the clinic or APU for processing.

COSTS : This account shall be charged with all the operating expenses incurred **in operating** and maintaining the function. The total of those expenses shall be ultimately assigned through a stepdown process to the referring final operating accounts. (**APV** expenses shall be assigned to the applicable B**5 account.)

PERFORMANCE FACTOR : Minutes of **service** (not multiplied by the number of staff). (Raw count is the number of patients.)

ASSIGNMENT PROCEDURE : Total expenses shall be assigned based on the ratio of patient minutes of **service** from each referring account to the total number of patient minutes of service provided by this work center.

f. cost Pools

DGx

FUNCTION : Use Same Day **Services** cost pool in situations where you cannot assign time and expenses to any one specific MEPRS account because two or more work centers share physical space, personnel, and/or supplies.

COSTS : Includes all **operating expenses** incurred in operating and maintaining the cost pool work center.

PERFORMANCE FACTOR: Minutes **of service**.

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of service provided by this work center.

g. Same Day **Services** Not Elsewhere Classified

DGz

FUNCTION : Includes the expenses of Same Day Services that satisfy the criteria for a work center and are not listed in paragraphs **D.7.a.** through **D.7.f.**, above.

COSTS : Any work center account (s) established within this **subaccount** shall be charged with all operating **expenses** incurred in operating and maintaining the work center.

PERFORMANCE FACTOR : Minutes of service.

ASSIGNMENT PROCEDURE : Aggregate expenses shall be assigned based on the ratio of minutes of service provided each receiving account to the total minutes of service provided by **this** work center.

8. Rehabilitative Services

DH

FUNCTION : Rehabilitative **Services** includes activities such as direct patient care, testing evaluation, consultation, counseling, **supervision**, teaching, administration, research, and community **service** for inpatients and outpatients. Services are provided by professionally qualified personnel, with periodic reports regarding evaluation and progress being submitted to cognizant physicians. An Inhalation and/or Respiratory Therapy work center account shall be established and specifically charged with expenses incurred in the performance of its functions and activities.

the Training and Educational Programs account. The principal point of distinction is the purpose of the visit: If it is teaching in one of the approved training and educational programs, then the Training and Educational Programs account shall be charged. If not, then the charge to this account is appropriate.

PERFORMANCE FACTOR : Not applicable.

ASSIGNMENT PROCEDURE: **This is a final** operating expense account and shall not be reassigned **during** the **stepdown** process described **in** Chapter 3.

c. CHAMPUS Beneficiary Support

FCC

FUNCTION : This account is provided to accumulate the expenses incurred by a military MTF **in** providing ancillary services to CHAMPUS beneficiaries **at** the request of civilian practitioners. Such services would include radiology, pathology, pharmacy, special procedures services, and nuclear medicine procedures; rehabilitative services visits; and central sterile supply and/or materiel service issues, provided none of the ambulatory care functions receives credit for a visit as the result of the patient's contact with the facility to receive the requested **service**.

COSTS : This account shall be charged with all expenses attributable to the **ancillary** services provided CHAMPUS beneficiaries that were requested by civilian practitioners.

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the stepdown **process** described in Chapter 3.

d. Support to Other Military Medical Activities

FCD

FUNCTION : This account is provided to accumulate expenses incurred by a military **MTF** in providing inpatient, ambulatory, and dental care support at military **MTFs** and performing regional and/or area ancillary **or** administrative **services** to other **MTFs**. Such **services** include augmentation for patient care support, regional and/or area medical materiel and biomedical equipment repair, pathology (other than **that** done by Area Reference Laboratories (**FAA**) - **see** account description), radiology, and pharmacy. This account will not accumulate any expenses generated as the result of visits to the reporting facility's ambulatory care **f unct** ions or generated as the result of any patient who contributes an occupied-bed day to the reporting facility's workload.

COSTS : This account shall be charged with all the operating expenses incurred **in providing regional and/or** area ancillary and administrative services to other military activities and for the expenses associated with TDY **and/or** TAD temporary time away from the reporting **MTF** to provide inpatient and ambulatory care or services to other military **MTFs**. A fixed military MTF receiving "loaned" personnel support **will** record the "borrowed" labor in the appropriate work center.

PERFORMANCE FACTOR : Not applicable.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

e. Support to Other Federal Agencies

FCE

FUNCTION : This account is provided to accumulate expenses incurred by a military **MTF** in providing inpatient, ambulatory, and dental care support to other Federal Agencies and performing ancillary or administrative services to other Federal Agencies. Such services include augmentation for patient care support, medical materiel and biomedical equipment repair, pathology (other than that done by Area Reference Laboratories (**FAA**) - see account description) radiology, and pharmacy. This account shall not accumulate any expenses generated as the result of visits to the reporting facility's **ambulatory** care functions or generated as the result of any patient who contributes an occupied-bed day to the reporting facility's workload.

COSTS: This account shall be charged with **all** operating expenses incurred in **providing** ancillary and administrative services to Federal Agencies other than military and for the expenses associated with **TDY and/or** TAD or temporary time away from the reporting **MTF** to provide inpatient and ambulatory care or services to other Federal medical activities.

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the **stepdown** process described in Chapter 3.

f. Support to Non-Federal Activities

FCF

FUNCTION: This account is provided to accumulate expenses incurred by a military MTF in providing inpatient and ambulatory care and ancillary services support to civilian **MTFs** or institutions. Such **services** may include augmentation for patient care support, training opportunities, external partnerships, and emergency **services**. This account shall not accumulate **any** expenses generated as the result of visits to the reporting facility's ambulatory care functions or generated as the result of any patient who contributes an occupied-bed day to the reporting facility's workload.

COSTS: This account shall be charged with all the operating expenses incurred **in providing** services to non-Federal activities and for the expenses associated with time away from the reporting MTF. This account shall accumulate salary expenses only.

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the **stepdown** process described in Chapter 3.

g. Support to Non-MEPRS Reporting Activities

FCG

FUNCTION: This account is provided to accumulate time and expenses incurred **by** a fixed MTF, when performing medical or **nonmedical-related** services for or loaning personnel to, **non-MEPRS** reporting activities. This includes time and expenses incurred in support of headquarters, regional, and base activities. This account shall not accumulate time or expense generated as a result of support to other MEPRS reporting **MTFs**. Such time and expense should be charged to the Support to Other Military Medical Activities account, **MEPRS** account code FCD.

COSTS: This account shall be charged with all expenses attributable to support **non-MEPRS** reporting medical activities.

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and **shall** not be reassigned during the stepdown process described in Chapter 3.

h. Emergency and Active Duty Remote Area Care

FCH

FUNCTION: This account is provided to accumulate expenses incurred in support of emergency care and diagnostic services and comprehensive care provided to active duty members in remote areas. It is **important** to separate these expenses from the local diagnostic type **services** prescribed for patients who are under the **MTF's** clinical responsibility. Use this account to capture active duty emergency care and active duty **nonemergency** care provided in remote areas where MTFs or DTFs are unavailable. For diagnostic services and other services provided to either active duty, or in limited cases to nonactive duty patients, where clinical responsibility is maintained **by** the MTF, the expenses are captured in the requesting ancillary or clinical service account. Navy **MEDDEN** Affairs pays claims and collects expense information for Navy active duty emergency care. Therefore, Navy shall not use FCH. Finally, collect only FCH dollars not workload.

Jul 9, 97

DoD 6010.13-M

COSTS: This account shall be charged with all expenses attributable to support the medical activities described in this paragraph.

PERFORMANCE FACTOR : Dollars.

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

i. Healthcare Services Support Not Elsewhere Classified

FCZ

FUNCTION : Includes the expenses of those **Healthcare** Services Support that satisfy the criteria for a work center **and** are not listed in F.3.a. through F.3.h. , above.

COST'S : Any work center account (s) established within this **subaccount** shall be charged with all operating expenses incurred **in** operating and maintaining the work center.

PERFORMANCE FACTOR : To be determined by the nature of the functions assigned and the expenses incurred (likely to be available FTE work months) .

ASSIGNMENT PROCEDURE : This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

APPENDIX ALO SARY

1. ACCOUNTING ENTITY. A subdivision of an agency (or organization) for which a separate, complete system of accounts is maintained. The separate complete system of **accounts** shall include:

a. The balances of appropriations (fund resources) . '

b. Such balances, not part of appropriation balances, for which the accounting entity is administratively held accountable (assets and liabilities) . Asset and liability balances imply determining the results of operations and the operating expense accounts.

2. ACCRUAL BASIS OF ACCOUNTING. Consists of recognizing in the books and records of account the significant and **accountable** aspects of financial transactions or events as they occur. To **provide** the necessary completeness, accuracy, and meaningfulness in accounting data, a full accrual basis of accounting is required. Under this basis, the accounting system provides a current systematic record of changes in assets, **liabilities**, and **sources of funds** growing out of the **incurrence** of obligations, expenditures, costs, and expenses; the earning of revenues; the receipt and disbursement of cash; and other financial transactions. Operating expenses are accounted for in the fiscal period during which the benefits are received. Income from **services** rendered to customers is recorded in the fiscal period reimbursable expenses are incurred. This basis of accounting provides more information than the cash basis alone, under which financial transactions are recorded in the accounts only when cash is received or disbursed. It also provides more information than the obligation basis alone, under which financial transactions involving use of funds are recorded in the accounts primarily when obligations are incurred. The accrual basis of accounting can contribute materially to effective financial control over resources and costs of operations and is essential to the development of adequate cost information.

3. ADJUSTMENT. The process of adding, subtracting, or **otherwise** modifying **MTF-incurred** expenses into an array or **format** that reflects MEPRS recognized expenses and statistics.

4. ADMISSION. The act of placing an individual under treatment or observation in a medical center or a hospital. The day of admission is the day on which the medical center or hospital makes a formal acceptance (assignment of a register number) of the patient who is to be provided with room, board, and continuous nursing care in an area of the hospital where patients normally stay at least overnight. If both an admission and a discharge occur on the same day, then that day is considered as a day of admission and shall be counted as one occupied-bed **day**. While the admission of a newborn is deemed to occur at the time of birth, these livebirths are reported separately and excluded from the admission data. Admissions data include: direct admissions, direct admissions from the emergency room, and transfer-in patients from other **MTFs**; but exclude: absent-sick patients, carded for record (**CRO**) only cases, and transient patients.

5. AEROMEDICAL STAGING FACILITIES. Medical facilities having **aeromedical staging** beds, located on or in the vicinity of an **emplaning** or deplaning air **base** or air **strip** that provide reception, administration, processing, ground transportation, feeding and **limited** medical care for patients entering **or** leaving an **aeromedical** evacuation system. Transient patient workload reported as the number of patients processed by staging facilities.

6. AMBULATORY CARE. The examination, diagnosis, treatment, **and** proper disposition of all categories of eligible inpatients and outpatients presenting themselves to the various ambulatory care specialty and/or **subspecialty** clinics.

7. AMBULATORY CARE CLINIC. An entity or unit of a MTF that is organized and staffed to provide medical treatment in a particular specialty and/or **subspecialty**; and holds regular hours- (at least 16 hours per month) in a designated place. A jointly operated clinic is a clinic space that is shared by two or more clinics during the reporting period (See **"mixed ward"** or **"clinic definition"**).

• 8. AMBULATORY NURSING SERVICES MINUTES OF SERVICE. Minutes **of** service is
• from the **time** the patient arrives in the Ambulatory Nursing Services unit
• until the patient leaves the unit. The patient receives care, assessment, or
• preoperative interview and/or processing during their time in the unit.
• Minutes of **service** shall not include time that the patient is out of the unit,
• such as for radiology or laboratory services.

• 9. AMBULATORY PROCEDURE UNIT (APU) . The Ambulatory Procedure Unit provides
• preprocedure and **postprocedure** care, observation, and assistance for patients
• requiring short-term care of less than 24 hours. Refer to DoD Instruction
• 6025.8 (reference (c)) for further guidance. An Ambulatory Procedure Unit is
• a location where the staff provides a centrally managed and coordinated
• program of nursing assessment **and/or** care planning; hospital and/or unit
• orientation; **preprocedure** and discharge teaching; **postprocedure** monitoring;
• clinical and administrative interviews; initiation of procedural records and
• physician orders; and other functions as appropriate.

★ 10. AMBULATORY PROCEDURE VISIT (AFV) . An Ambulatory Procedure Visit refers
to immediate (**day** of procedure) preprocedure, intensive procedure, and
immediate postprocedure care in an ambulatory setting. Care is required in
the facility for less than 24 hours. Facilities may set their own lower
limits . The nature of the procedure and the medical status of the patient
using the ambulatory care units combine for a requirement for short term care
(but not **inpatient care**) which is more appropriately rendered in a specialized
area (such as an Ambulatory Procedure Unit or extended care area rather than
in an outpatient clinic). **All** types of anesthesia may be used by
appropriately privileged providers. When possible, anesthetics should be
chosen to expedite patient discharge. This category is appropriate for all
types of patients (obstetrical, surgical, and nonsurgical) , who **by** virtue of
the procedure or anesthesia, require **postprocedure** care, **observation**, or
recovery.

★ a. Freestanding outpatient clinics (such as **Air Force Super Clinics**)
shall establish contingency transfer and transportation **arrangements in**
accordance with current national, specialty, and local standards of care and
practice. These arrangements shall be in writing with a nearby facility
capable of treating complications requiring hospitalization or further
intervention.

• b. For procedures requiring **postprocedure observation** or assistance, a
• responsible **nonmedical** attendant shall accompany the patient from the APU.
• **MTFs shall** develop criteria for the requirement of **nonmedical** attendant
• assistance with planned or unplanned medical **followup**.

• c. The performance factor is minutes **of service** and is counted from the
time the patient is logged into the unit **and/or service** until the patient is
★ logged out. Refer to DoD Instruction 6025.8 (reference (c)) for guidance. ★

11. ANCILLARY SERVICES. Those services (functions) that participate in the care of patients principally by assisting and augmenting the talents of attending physicians and dentists in diagnosing and treating **human ills**. Ancillary services generally do not have primary responsibility for the clinical management **of** patients.

12. ANESTHESIA MINUTES OF SERVICE. The elapsed time during any procedure involving an anesthesiologist **and/or** anesthetist multiplied by the number of anesthesiologists and/or anesthetists, including residents and student nurse anesthetists (when replacing a person trained in anesthesia) participating in the procedure. Elapsed **time** is the difference between starting time and ending time defined as follows:

a. Starting time is the time when the anesthesiologist or anesthetist assumes the responsibility for anesthesia **service** in the room in which the procedure is to be performed.

For **example**: "A physical therapist **being** requested by the attending **healthcare** provider to initiate certain therapy regimens to a patient who is in traction and unable to go to the clinic. Conversely, a routine ward round made by a physical therapist or dietitian shall not be countable as a visit. (See paragraph d. (2) for the handling of all ward and/or grand rounds.)

(2) Outpatient Visit. An outpatient visit can be counted for the following situations:

(a) All visits to a separately organized clinic or specialty service **made by** patients who are not currently admitted to the reporting MTF as an inpatient.

(b) Each time medical advice or consultation is provided to the patient by telephone, if the criteria in paragraph a., **above**, are met.

(c) Each time a patient's treatment **and/or** evaluation results in an admission and is not part of the preadmission **or** admission process.

(d) Each time all or part of a complete or flight physical examination, regardless of the type, is performed in a separately organized clinic or specialty **service**. Under this rule, a complete physical examination requiring the patient to be examined or evaluated in **four** different clinics is reported as a visit in each of the four clinics. (See paragraph d., below, for exceptions.)

(e) Each time an examination, evaluation, or treatment is provided through a MTF sanctioned **healthcare** program, in the home, school, work site, community center, or other location outside of a DoD MTF **by** a **healthcare** provider paid from appropriated funds.

(f) Each time one of the following tasks is performed when not a part of routine medical care; when the visit is associated with or related to the treatment of a patient for a specific condition requiring **followup** to a physical examination; and when the medical record is properly documented in accordance with the criteria of paragraph a., above:

- 1 Therapeutic or desensitization injections
- 2 Cancer detection tests (e. g., PAP smears)
- 3 Blood pressure measurements
- 4 Weight measurements
- 5 Prescription renewals (not including refills)

(3) Multiple Visits (inpatient or outpatient) .

(a) Multiclinic Visits. Multiple visits may be counted if a patient is provided care in different clinics or is referred from one care provider to another, care provider for consultation and is documented. For example, a patient seen at the primary care clinic and at two other specialty clinics on the same day can be counted as three visits; or a patient visiting a clinic in the morning and again in the afternoon can be reported as two visits. However, to count two visits the first visit must be completed; for example, the patient must have been evaluated, treated, and dispositioned, **and** the required documentation made in the medical **record**. **Only one visit can be** counted if the visit in the afternoon is **merely** a continuation of the visit in the morning; for example, a patient seen in **the** orthopedic clinic in the morning is sent to radiology for x-rays and returns to the orthopedic clinic in the afternoon for continued evaluation or treatment. These rules apply even if the patient is admitted to an inpatient status immediately following a clinic visit. Also, two visits can be counted when an occupational or physical therapist provides primary care (patient **assessment** while serving in

a physician extender role) and subsequently provides specialized treatment in the same clinic on the same day.

(b) Group Visits. Only the primary provider of group sessions may count one **visit per patient** if the criteria in paragraph a., above, are met.

(c) Multiprovider Vis-its. When a patient is seen by more than one **healthcare** provider in the same clinic for the same episode of care, only one visit is counted per patient. If the patient requests a second opinion, a visit can be counted, provided the criteria in paragraph a., above, are met.

• (4) Telemedicine Visits •

• (a) If a patient is **present** in a provider's office and another •
• provider is contacted **through telemedicine**, both-providers may count the visit •
• in their clinic specialty. This is considered a valid medical consultation, •
• and as such, it requires proper medical documentation **by** the consulted •
• physician, ensuring that the criteria of a visit is met. •

• (b) Workload should not be counted if the patient is not •
• present during the consult. •

• (c) Teleradiology, Telecardiology, and Telepathology. FTEs •
• and workload **are** "captured in the appropriate clinical specialty for the MTF •
• providing the procedure (e. g., exam or read) on the patient. The consulted •
• provider performing the read shall capture their **FTEs in the appropriate FC** •
• MEPR account (**FCD, FCE, or FCF**) and workload in the appropriate **CPT or CAP** •
• code. •

• (d) For continuing medical education, capture data according •
• to current guidelines in account FAL. •

d. Services Not Reportable as Visits.

(1) Occasion of Service. Without an assessment of the patient's condition or the exercise of independent judgment as to the patient's care, screening examinations, procedures, or tests are classified as an "occasion of service" because they do not meet the criteria of paragraph a. , above.

(2) Ward Rounds and/or Grand Rounds. Ward rounds and grand rounds are considered part of the inpatient care regimen and are not counted as inpatient visits. Visits by an inpatient to an outpatient clinic for the convenience of the provider, and instead of ward or grand rounds, shall not be counted.

(3) Group Education and Information Sessions that do not meet the criteria in paragraph a., above.

(4) Nonappropriated Fund Providers. Care rendered by providers paid from nonappropriated funds are not reported as visits.

* 145. WEIGHTED INPATIENT NUTRITION PROCEDURES. A ration value in which the •
number of meals is weighted **by** a predetermined percentage to balance the-cost •
and attendance variances between the meals. The number of weighted inpatient •
nutrition procedures is figured by multiplying the number of breakfast, lunch, •
and dinner meals served by the weighted ration factor percentages of 20, 4?, •
and 40 percent respectively, and totaling the results. The average number of •
daily weighted inpatient nutrition procedures served is equal to the number of •
occupied-bed days. •

- 146. **WORK CENTER.** A **discrete** functional or **organizational subdivision** of a MTF for which provision is made to accumulate and measure **its** expense and determine its workload performance. The minimum work centers for a **MTF** facility are established by the prescribed operating expense accounts. Additional subordinate work centers may be established by the **MTF** facility.

a. Generally, the following criteria should be considered for establishing a work **center**:

- (1) Have identifiable expenses.
- (2) Have allocated physical space.
- (3) Have allocated and/or assigned manpower.
- (4) Have **valid work** output.
- (5) Have a **valid** workload measure.
- (6) Have a uniqueness of **service** provided or **expenses** incurred, when compared to other established work centers.
- (7) Have compatibility with the MTF organizational structure.
- (8) Facilitate management decision-making process.

b. Specifically, the following **criteria shall be** satisfied to establish a work center:

- (1) The performance of the function is one that is assigned or authorized by higher medical authority.
- (2) Manpower (staffing) is assigned. Such staffing may **or may not** be authorized on the facility manning **and/or** staffing documents. In the areas of inpatient care, ambulatory care, and dental care, this is defined to mean that the medical or dental specialty or **subspecialty** is assigned.
- (3) Physical space to accomplish the workload is allocated and used.
- (4) Workload is generated.

c. If the aforementioned criteria are satisfied, then a work center shall be established and expenses identified, collected, and reported. If physical space is allocated and utilized for the performance of a function, and the specialty **and/or subspecialty** (in the case of a ward or clinic) is provided on some periodic basis, through consultative service, contract offices, TAD, or TDY expenses shall be identified, collected, and reported only **if** they are considered to be significant by the MTF commander. Exceptions to the criteria, above, are:

- (1) Reimbursement accounts.
- (2) Summary accounts.
- (3) Base operations accounts.
- (4) Holding **or** variance accounts.
- (5) Indirect cost pools.

- * 147. WORKING AT HOME. Work performed at home that is normally performed in the individual's work center in support of the MN's mission.

#First Amendment (Ch 1, 7/9/97)

| <u>FTE SASS</u> | <u>SAS Content</u> |
|-----------------|---|
| 790 | Direct Care Paraprofessional Officer FTEs |
| 791 | Direct Care Paraprofessional Enlisted PTEs |
| 792 | Direct Care Paraprofessional Civilian FTEs |
| 793 | Direct Care Paraprofessional Contract FTEs |
| 794 | Direct Care Paraprofessional Other FTEs |
| 795 | Admin, Clerical & Logistics Officer FTEs |
| 796 | Admin, Clerical & Logistics Enlisted PTEs |
| 797 | Admin, Clerical & Logistics Civilian FTEs |
| 798 | Admin, Clerical & Logistics Contract FTEs |
| 799 | Admin, Clerical & Logistics Other PTEs |
| 800 | Total FTEs |

| | | | |
|---|-------------------|--|---|
| ★ | <u>Borrowed</u> | <u>SAS Content</u> | • |
| • | <u>Labor SASS</u> | | • |
| • | | | • |
| • | 900 | Borrowed from Same Semite DHP Activity | • |
| • | 901 | Borrowed from Another Service DHP Activity | • |
| • | 902 | Borrowed from Same Service Line Activity | • |
| • | 903 | Borrowed from Another Service Line Activity | • |
| • | 904 | Borrowed from a Reserve Component | • |
| • | 905 | Borrowed - Other | • |
| • | 906 | Borrowed Off icer from Same Service DHP Activity | • |
| • | 907 | Borrowed Enlisted from Same Service DHP Activity | • |
| ★ | 908 | Borrowed Civilian from Same Service DHP Activity | • |
| • | 909 | Borrowed Contractor from Same Service DHP Activity | • |
| • | 910 | Borrowed Other from Same Service DHP Activity | • |
| • | 911 | Borrowed Off icer from Another Service DHP Activity | • |
| • | 912 | Borrowed Enlisted from Another Semite DHP Activity | • |
| • | 913 | Borrowed Civilian from Another Semite DHP Activity | • |
| • | 914 | Borrowed Contractor from Another Service DHP Activity | • |
| • | 915 | Borrowed Other from Another Service DHP Activity | • |
| ★ | 916 | Borrowed Officer from Same Semite Line Activity | • |
| • | 917 | Borrowed Enlisted from Same Service Line Activity | • |
| • | 918 | Borrowed Civilian from Same Service Line Activity | • |
| ★ | 919 | Borrowed Contractor from Same Service Line Activity | • |
| • | 920 | Borrowed Other from Same Service Line Activity | • |
| ★ | 921 | Borrowed Officer from Another Service Line Activity | • |
| ★ | 922 | Borrowed Enlisted from Another Service Line Act ivity | • |
| • | 923 | Borrowed Civilian from Another Service Line Activity | • |
| ★ | 924 | Borrowed Contractor from Another Service Line Activity | • |
| ★ | 925 | Borrowed Other from Another Service Line Activity | • |
| • | 926 | Borrowed Off icer from a Reserve Component | • |
| • | 927 | Borrowed Enlisted from a Reserve Component | • |
| • | 928 | Borrowed Civilian - Other | • |
| ★ | 929 | Borrowed Contractor - Other | • |
| • | 930 | Borrowed Other - Other | ★ |

#First Amendment (Ch 1, 7/9/97)

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